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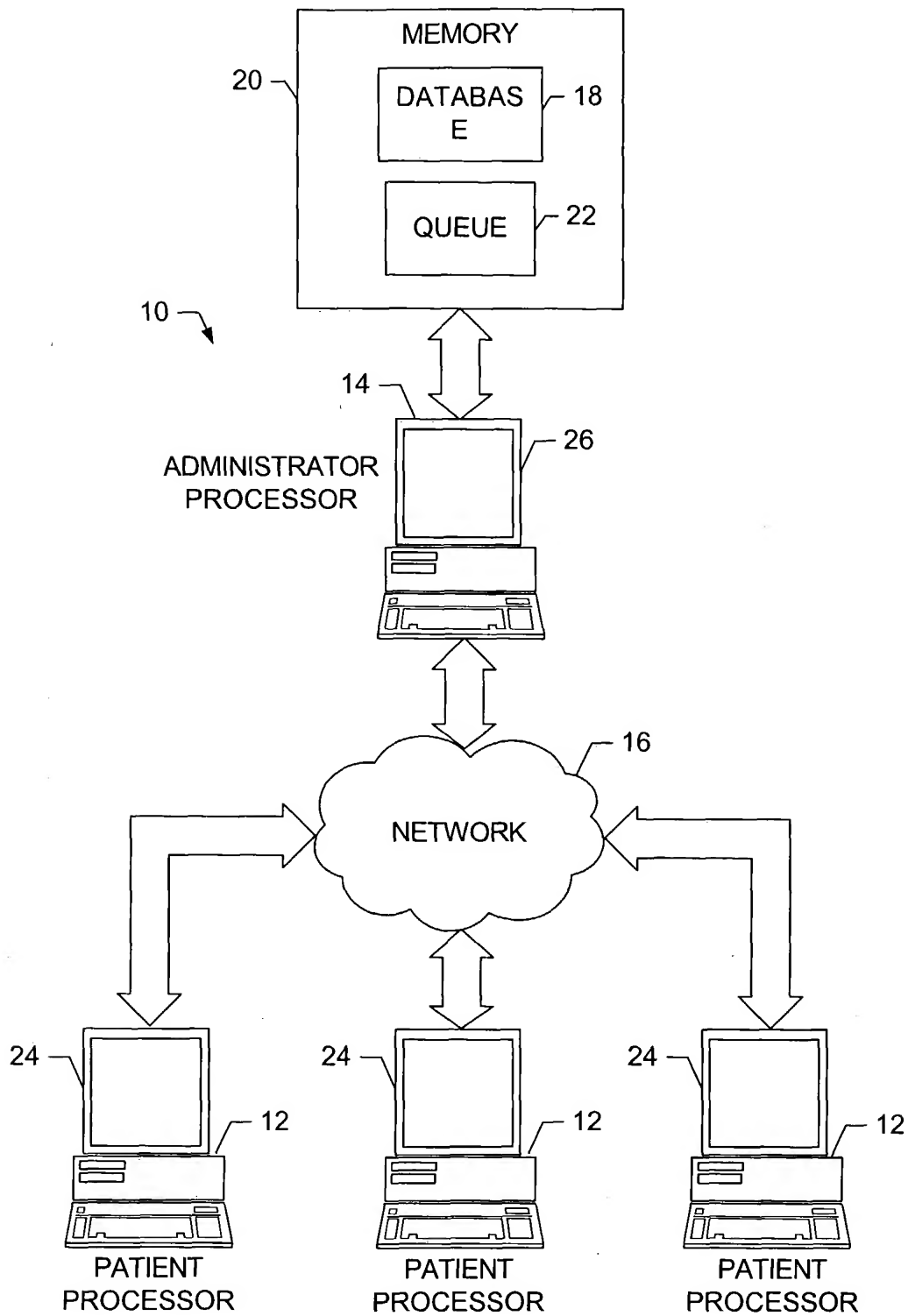


FIG. 1.

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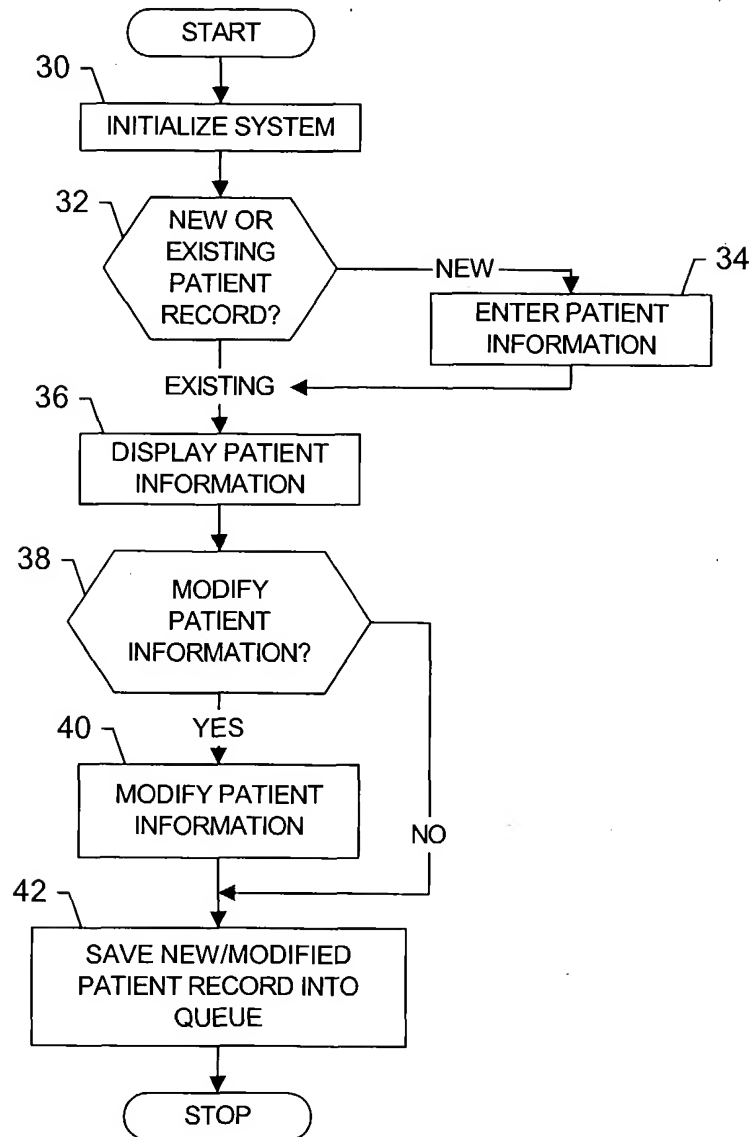


FIG. 2A.

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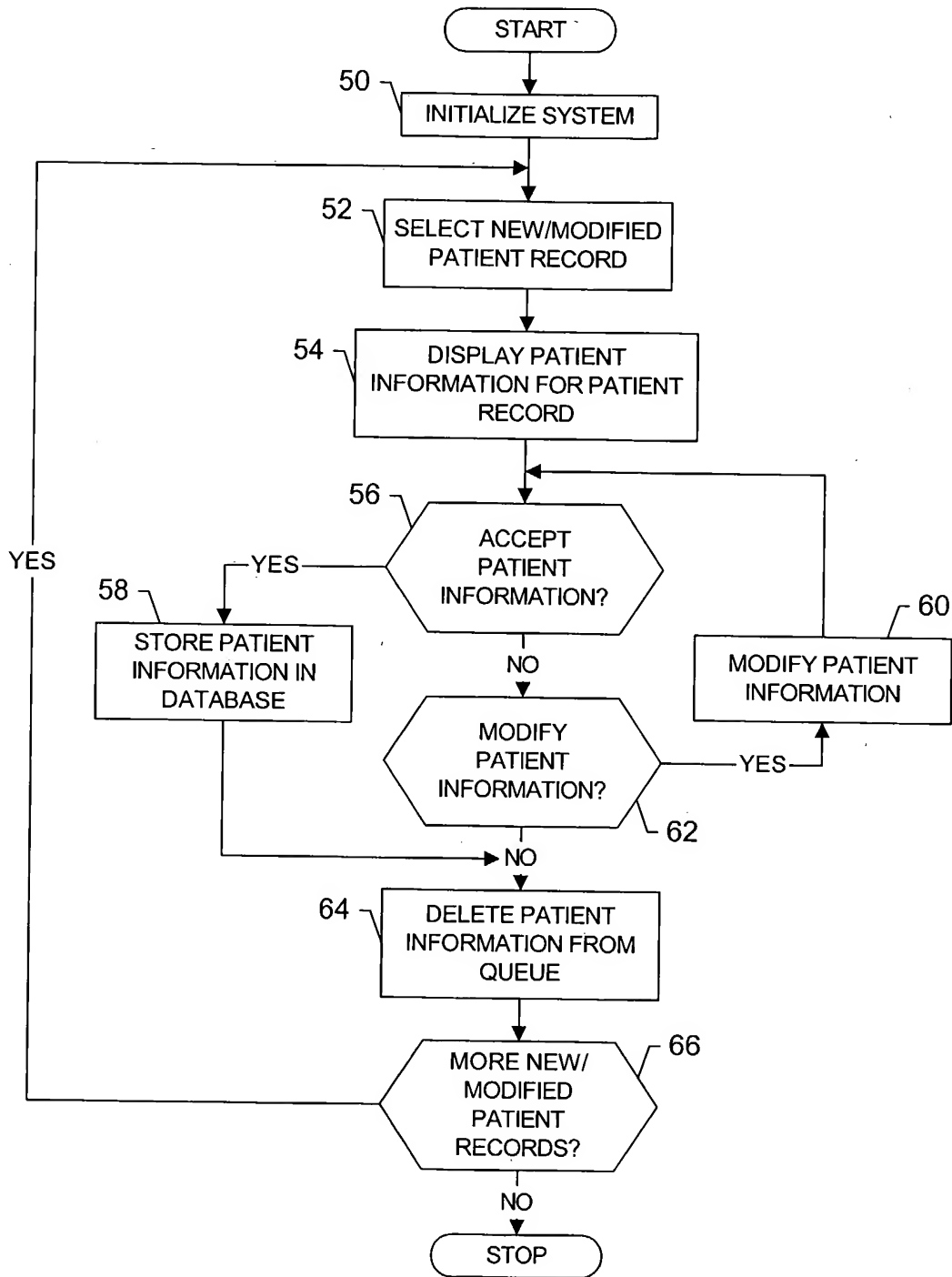


FIG. 2B.

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Untitled Document - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Search Favorites Media

Address Go

Menu

Please login using your Username and Password.

Username:

Password:

Don't have a Username/Password yet?
Please click here to

[Read our security statement](#)

FIG. 3.

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Menu

We need to gather some information from you. Please fill out the following form so that we can make sure our records are accurate when you come in for your visit. Be sure to log on to our site before each appointment so you can verify the information that we have on file for you. Checking back often will save you valuable time when it's time for your appointment!

Pick a Username and Password to log on to our website. Make sure it's unique and in accordance with our password-selection guidelines.

Username:

Password:

Re-type Password:

Don't have a Username/Password yet?
Please click here to

[Read our security statement](#)

FIG. 4.

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The screenshot shows a web browser window titled "Untitled Document - Microsoft Internet Explorer". The browser's address bar is empty, and the menu bar includes File, Edit, View, Favorites, Tools, and Help. The toolbar contains icons for Back, Forward, Home, Search, Favorites, Media, and other standard browser functions. The main content area displays a registration form with a "Menu" button on the left. The form fields are as follows:

First Name*	<input type="text"/>
Last Name*	<input type="text"/>
Date of Birth* (MM/DD/YYYY)	<input type="text"/>
Social Security Number	<input type="text"/>
Sex*	<input type="radio"/> Male <input type="radio"/> Female
Marital Status*	<input type="text"/>
Address 1*	<input type="text"/>
Address 2	<input type="text"/>
City, State, Zipcode*	<input type="text"/> <input type="text"/> <input type="text"/>
Home Phone	<input type="text"/>
Work Phone	<input type="text"/> ext <input type="text"/>
E-Mail Address	<input type="text"/>
Yes, I would like to receive periodic email	<input type="checkbox"/>
* Indicates Required Fields	

At the bottom of the form is a "Next >>" button. In the bottom left corner of the browser window, there is a "Login/Logout" button.

FIG. 5.

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Untitled Document - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Media Print

Address

Go

Menu

Are you under a physician's care now? ☐ Yes ☐ No If so, please explain:

Have you ever been hospitalized or had a major operation? ☐ Yes ☐ No If so, please explain:

Have you ever had a serious head or neck injury? ☐ Yes ☐ No If so, please explain:

Are you taking medications, pills, or drugs? ☐ Yes ☐ No If so, please explain:

Do you take, or have you taken, Phen-Fen or Redux? ☐ Yes ☐ No

Are you on a special diet? ☐ Yes ☐ No

Do you use tobacco? ☐ Yes ☐ No

Do you use controlled substances? ☐ Yes ☐ No

Women: Are you ☐ Pregnant/trying to get pregnant? ☐ Nursing ☐ Taking oral contraceptives?

Have you ever had any serious illness not listed above? If yes, please explain:

Do you have allergies to any of the following? ☐ Aspirin ☐ Penicillin ☐ Codeine ☐ Acrylic ☐ Metal ☐ Latex ☐ Local Anesthetics

Do you have any additional allergies not listed above? If yes, please explain:

Is there anything you would like to add that we have not asked? If yes, please explain:

<< Prev Next >>

Login/Logout

FIG. 6.

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The screenshot shows a Microsoft Internet Explorer window titled "Untitled Document - Microsoft Internet Explorer". The browser's address bar is empty. The main content area displays a web page with a navigation menu on the left containing "Menu" and "Insurance Info". The "Insurance Info" section is active, showing the text "Please find and select your insurance provider." Below this, there is a search instruction: "Search for your employer/insurance provider by name (Enter all or part of the name and click 'search')". A text input field labeled "Employer/Insurance Provider Name" is provided for the search. Below the input field is a checkbox labeled "I have no dental insurance coverage, or mine isn't listed." and a "Search" button. A "Back" button is located below the search area. At the bottom left of the page, there is a "Login/Logout" link.

Menu Insurance Info

Please find and select your insurance provider.

Search for your employer/insurance provider by name (Enter all or part of the name and click 'search')

Employer/Insurance Provider Name

☐ I have no dental insurance coverage, or mine isn't listed.

Search

<< Back

Login/Logout

FIG. 7.

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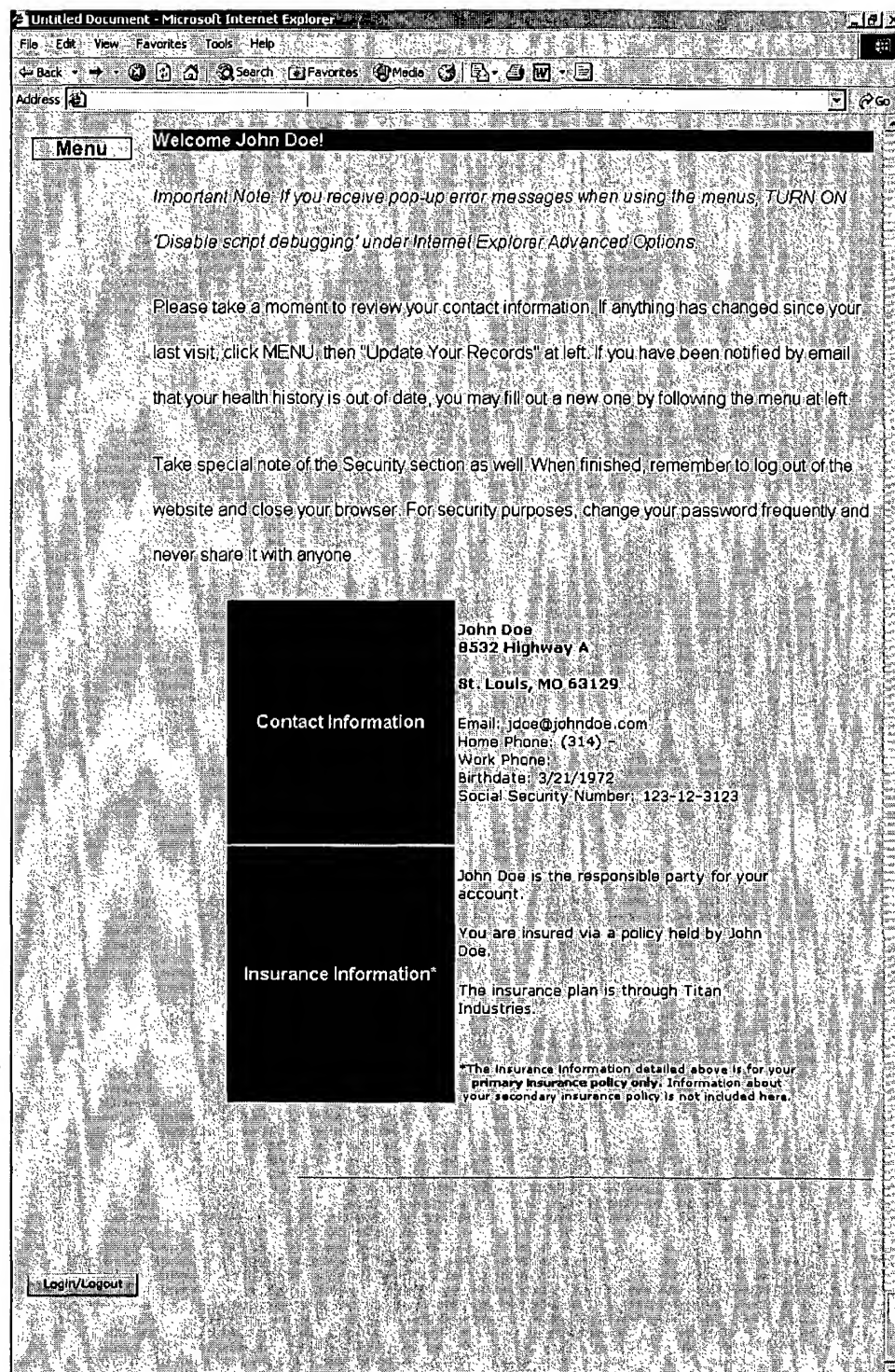


FIG. 8.

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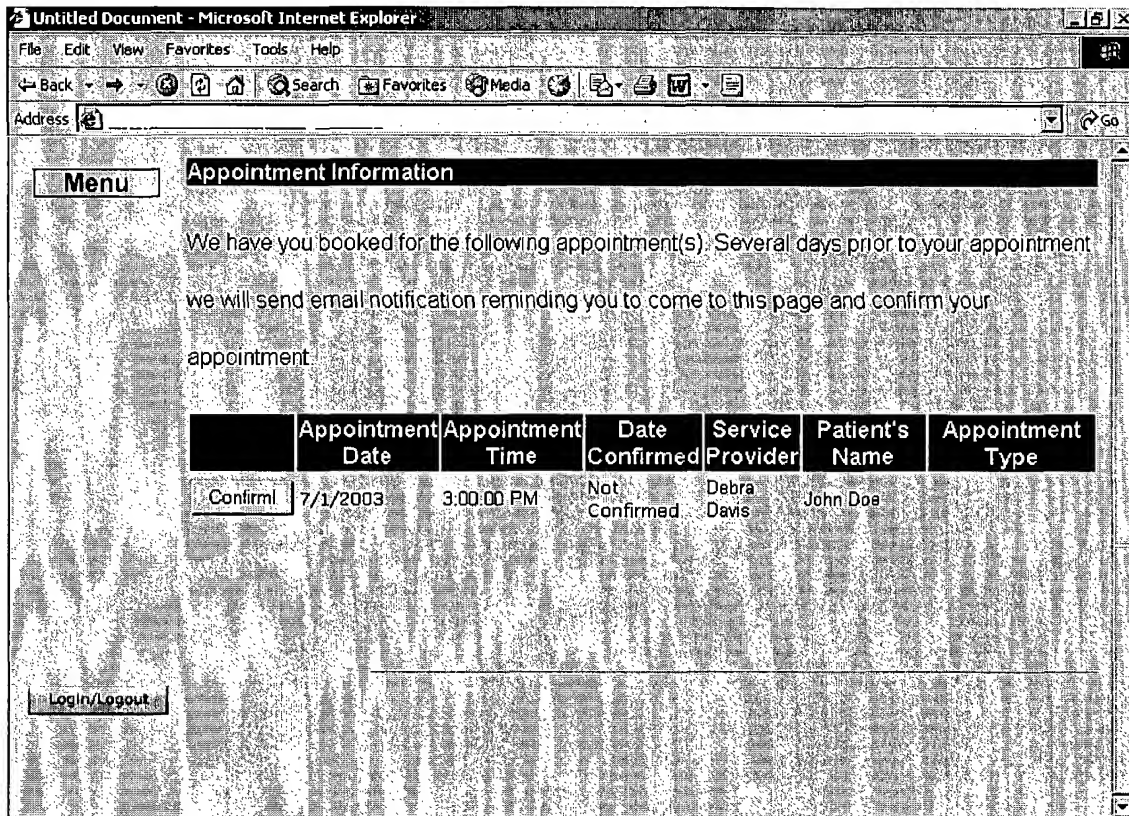


FIG. 9.

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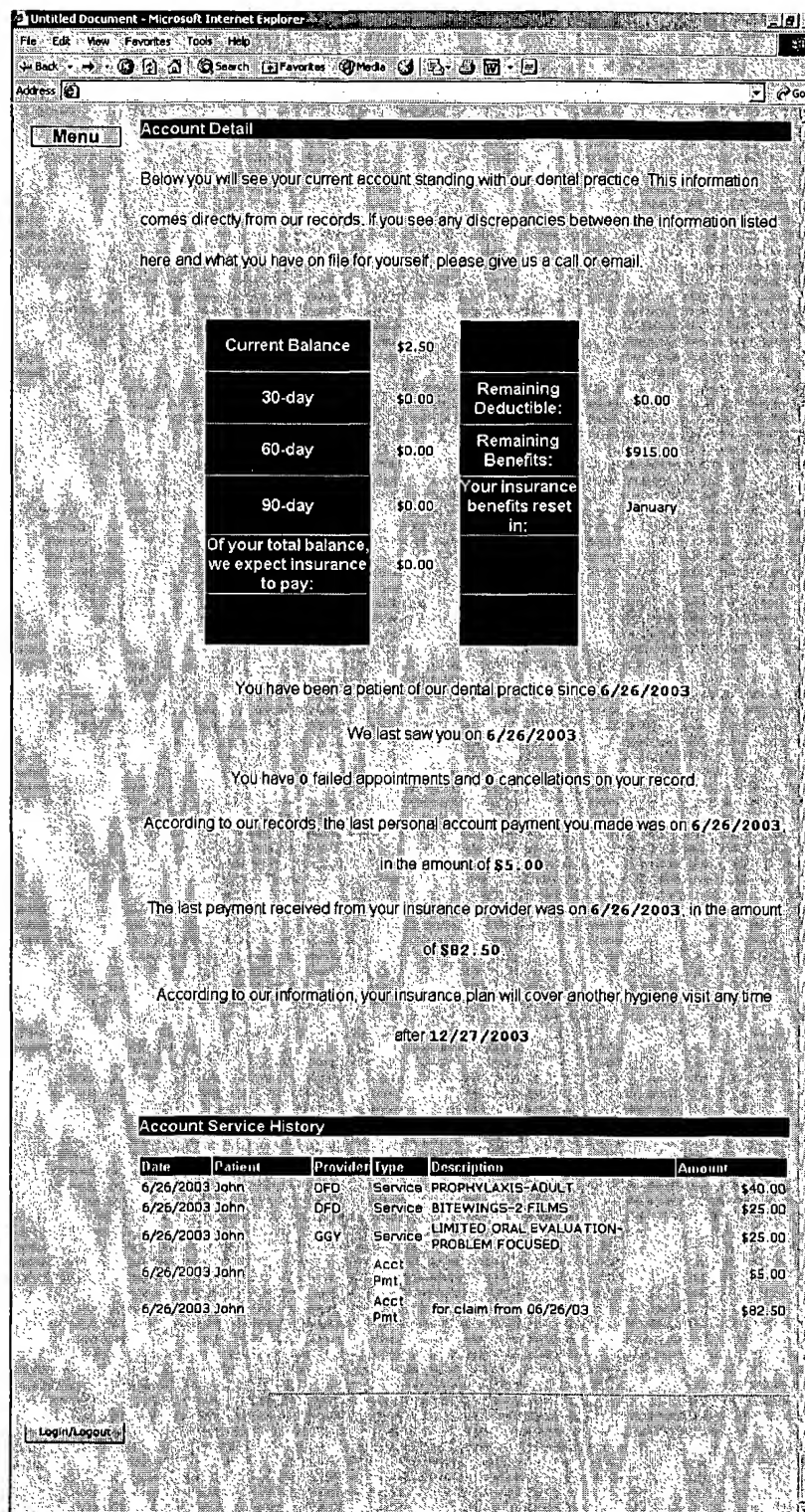


FIG. 10.

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The screenshot shows a Microsoft Internet Explorer window titled "Untitled Document - Microsoft Internet Explorer". The browser's address bar is empty, and the main content area displays a web application interface. On the left side of the interface is a vertical menu with a "Menu" button and a "Login/Logout" button at the bottom. The main content area is titled "Prescription Information" and contains a table with the following data:

Prescription	Expiration Date	Refills	Allow Generic?	Instructions	Patient Name
Erythromycin	6/26/2003	0	Y		John Doe

FIG. 11.

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Untitled Document - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Search Favorites Media

Address

Menu

Insurance Claims

We can submit your insurance claims to your insurance provider on your behalf. You may track claim details and submission status in this screen. You may, however, be able to get more current details by contacting your insurance company directly. This screen contains all of the necessary information to do so on your own behalf.

Note: The information here reflects only primary insurance. If you are covered by supplemental secondary insurance, please call our office for more details.

«Previous Claim Information For: John Doe Next»

Outstanding Primary Insurance Claim Details

Status of insurance claim:	
Your claim was submitted on:	
According to our calculations, your insurance would normally pay:	\$0.00
The policyholder for this claim is:	
The policyholder's SSN is:	
This claim was submitted to:	
More detail:	The best information about the status of your claim may be obtained by contacting the customer service representative at . You should be able to identify your claim with all of the information displayed on this page.
Phone:	
Contact person (if applicable):	

Insurance Notes

Date	Note
6/26/2003	Insurance Claim From 06/26/03 was Submitted to Prim.
6/26/2003	Prim Insurance Claim From Jun 26, 2003 was closed.

Login/Logout

FIG. 12.

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Untitled Document - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Search Favorites Media Print Mail

Address: [] Go

Menu **Update Information for John Doe**

To update your information, only change the values which need to be changed.

	Original Values	Requested Changes
Address 1*	8532 Highway A	<input type="text"/>
Address 2		<input type="text"/>
City, State, Zipcode*	St. Louis, MO 63129	<input type="text"/> <input type="text"/> <input type="text"/>
Home Phone		<input type="text"/>
Work Phone	ext. <input type="text"/>	<input type="text"/> ext. <input type="text"/>
E-Mail Address	jdoe@johndoe.com	<input type="text"/>
Yes, I would like to receive periodic e-mail from Deer Creek Dental	No	<input checked="" type="checkbox"/>
Marital Status	Single	<input type="text"/>

FIG. 13.

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Untitled Document - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Media Print Mail News RSS

Address Go

Menu

Insurance Info Please find and select your insurance provider.

Your current provider is: Titan Industries ()

Search for your employer/insurance provider by name (Enter all or part of the name and click 'search')

Employer/Insurance Provider Name

☐ I have no dental insurance coverage, or mine isn't listed

[Login/Logout](#)

FIG. 14.

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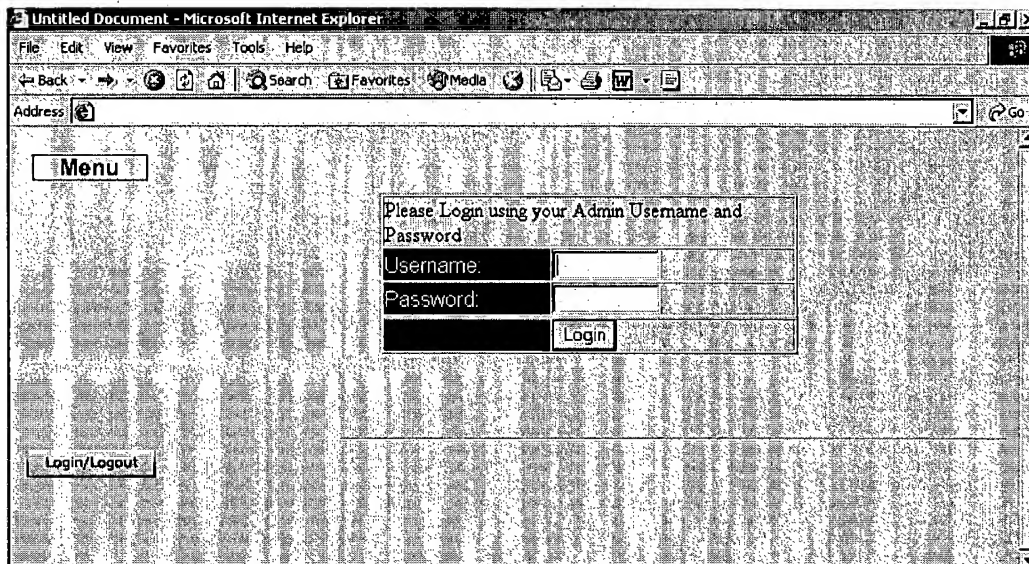


FIG. 15.

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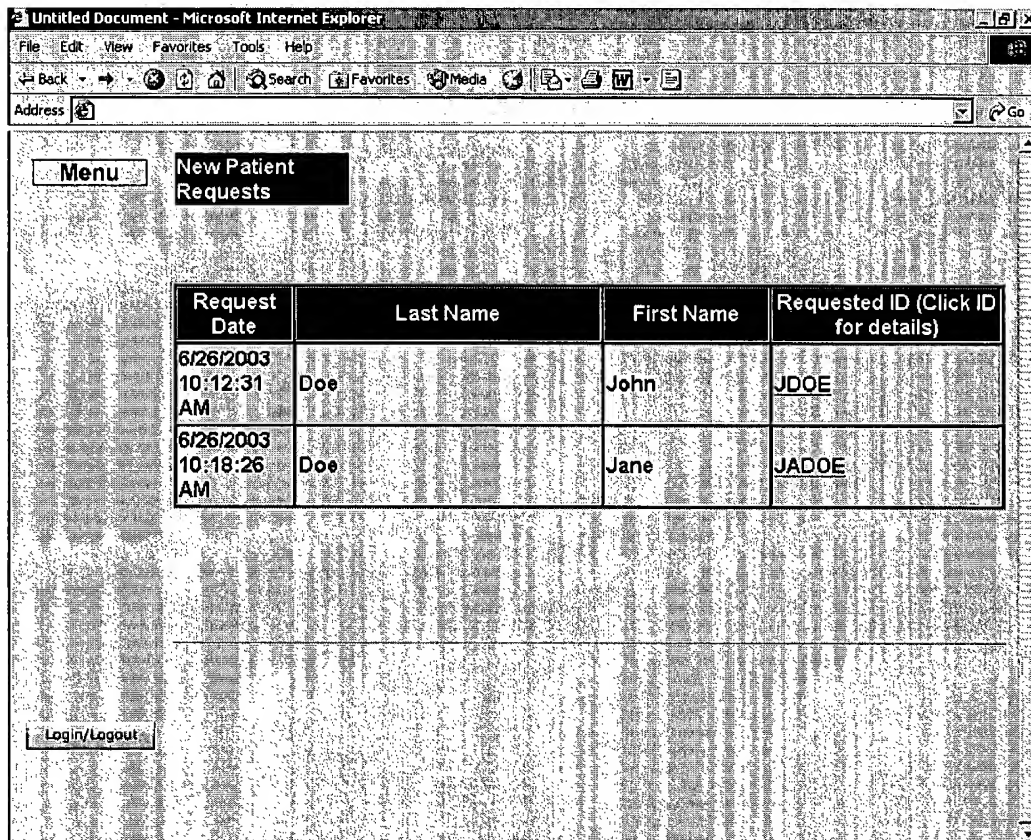


FIG. 16A.

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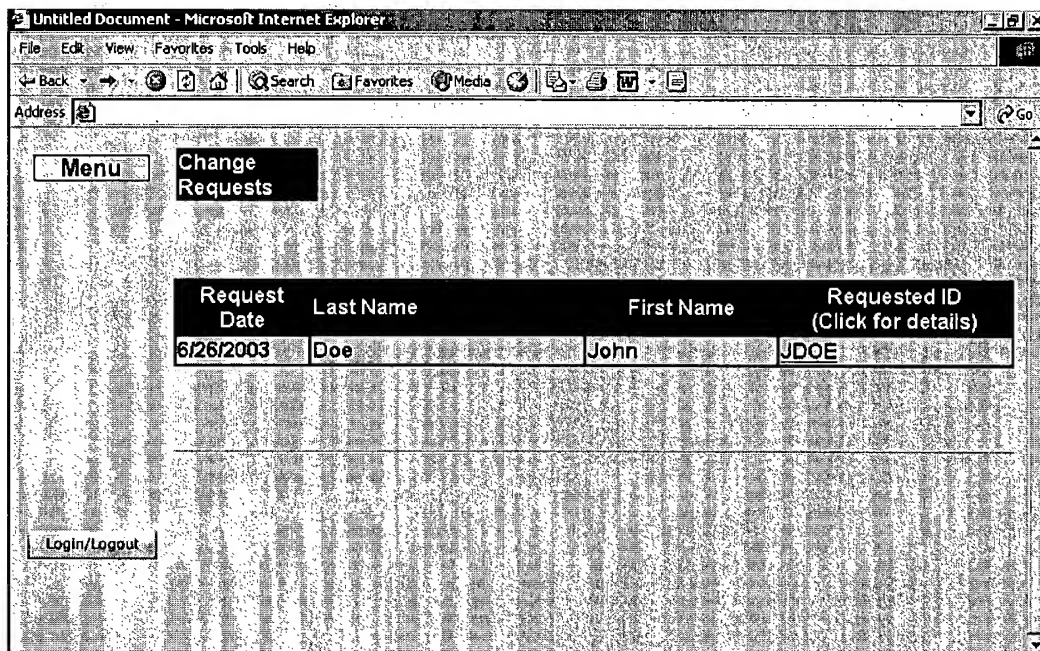


FIG. 16B.

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Untitled Document - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Search Favorites Media Print Mail

Address Go

Menu

The following person has requested access to his/her data over the internet. Please match this person to the correct patient in the database in the following screens. You must press **Next >>** to view the next page and save.

First Name*	John		
Last Name*	Doe		
Sex*	Male		
Date Of Birth*	03/21/1972		
Social Security Number	123-12-3123		
Marital Status	Single		
Address 1*	8532 Highway A		
Address 2			
City, State, Zipcode*	St. Louis	MO	63129
Home Phone	(143) 14-4314		
Work Phone		ext.	
E-Mail Address	jdoe@johndoe.com		
Yes, I would like to receive periodic email from Deer Creek Dental <input type="checkbox"/>			

* Indicates Required Fields. **Next >>**

Login/Logout

FIG. 17A.

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Untitled Document - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Search Favorites Media

Address Go

Menu Insurance

John Doe has selected Titan Industries/Blue Cross and Blue Shield of Illinois as their insurance provider.

Accept This Selection OR Override this selection using the forms below

Step 1: Please enter any part of your employer's name in the box below, and click search.

Search String:

You must select an employer from the list first.

Select	Group Nbr	Employer	Ins. Company	Group Name
<input type="radio"/>		Not found or No Insurance		

FIG. 17B.

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Untitled Document - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Reload Home Search Favorites Media

Address

Menu **Update Your Data**

This page reflects the information we have on file for you. If an update is necessary, update only the necessary field and click "next". It is not necessary to fill out the entire form.

	Original Values	Requested Changes
Marital Status	S	<input type="text"/>
Address 1*	451-b East Avenue	451-b East Avenue
Address 2		<input type="text"/>
City, State, Zipcode*	St. Louis, MO 63129	<input type="text"/> <input type="text"/>
Home Phone	(143)14-4314	<input type="text"/>
Work Phone	ext	<input type="text"/> ext <input type="text"/>
E-Mail Address	jdoe@johndoe.com	jdoe@domain.com
Yes, I would like to receive periodic email from Deer Creek Dental	Yes	<input checked="" type="checkbox"/>

Patient change request confirmation

FIG. 18.

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Untitled Document - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Search Favorites Media

Address

Menu

Confirm Patient Please choose whether or not to accept this new patient request, and add it to the office's dental software

Please determine whether or not John Doe of 8532 Highway A is an existing patient at your office.

Step 1: Search for the existing patient in the dental software database

Patient ID	Last Name	First Name

Search

Step 2: Please *select the following person that matches the party requesting web access*. If there are no matches, then skip this step

Select	Patient ID	SSN	DOB	Last Name	First Name	Address

Step3: Accept or reject the request. **IF THIS IS AN EXISTING PATIENT OF RECORD DO NOT FORGET TO SELECT THEM FROM THE LIST IN STEP 2 BEFORE PROCEEDING.**

Accept Request Reject Request

Login/Logout

FIG. 19.

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Untitled Document - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Search Favorites Media Print

Address

Menu

CONSENT FOR USE AND DISCLOSURE OF HEALTH INFORMATION

SECTION A: PATIENT OR LEGAL GUARDIAN GIVING CONSENT

Name:	John Doe
Address:	8532 Highway A
Telephone:	14314
E-mail:	jdoe@ohndoe.com
Patient Number:	3792
Social Security Number:	123123123

SECTION B: TO THE PATIENT-PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY.

Purpose of Consent: By agreeing to this form in the space below, you will consent to our use and disclosure of your protected health information to carry out treatment, payment activities, and healthcare operations.

Notice of Privacy Practices: You have the right to read our Notice of Privacy Practices before you decide whether to sign this Consent. Our Notice provides a description of our treatment, payment activities, and health care operations, of the uses and disclosures we may make of your protected health information, and of other important matters about your protected health information. A copy of our Notice accompanies this Consent. We encourage you to read it carefully and completely before agreeing to the Consent.

We reserve the right to change our privacy practices as described in our Notice of Privacy Practices. If we change our privacy practices, we will issue revised Notice of Privacy Practices, which will contain the changes. Those changes may apply to any of your protected health information that we maintain.

You may obtain a copy of our Notice of Privacy Practices, including any revisions of our Notice, at any time by logging onto our website address at <http://www.domain.com>, or contacting our office directly.

Right to Revoke: You will have the right to revoke this Consent at any time by giving us written notice of your revocation submitted to the Contact Person listed above. Please understand that revocation of this Consent will not affect any action we took in reliance on this Consent before we received your revocation, and that we may decline to treat you or to continue treating you if you revoke this Consent.

SIGNATURE

You will be required to provide your signature in acknowledgement of this document upon arrival for your next appointment.

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Reproduction and use of this form by dentists and their staff is permitted. Any other use, duplication or distribution of this form by any other party requires the prior written approval of the American Dental Association.

This form is educational only, does not constitute legal advice, and covers only federal, not state, law (August 14, 2002).

FIG. 20.

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Untitled Document - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Search Favorites Media Print Mail

Address

Menu

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

Our Legal Duty

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. The Notice takes effect (04/14/2003), and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

I acknowledge that by agreeing to this form in the space below that 1) Understand fully the information that has been presented to me and 2) I fully acknowledge and find acceptable the privacy practices of The Dentist Office, 3) agree to fully adhere to the principles defined and contained within, and 4) I acknowledge that The Dentist Office has made every reasonable effort to educate me about their privacy practices and my right to access my own information. Furthermore, I acknowledge that if I disagree with these principles The Dentist Office is in no way obligated to accept me or anyone for whom I am financially responsible as a patient.

☐ I agree

☐ I disagree

Login/Logout

FIG. 21.

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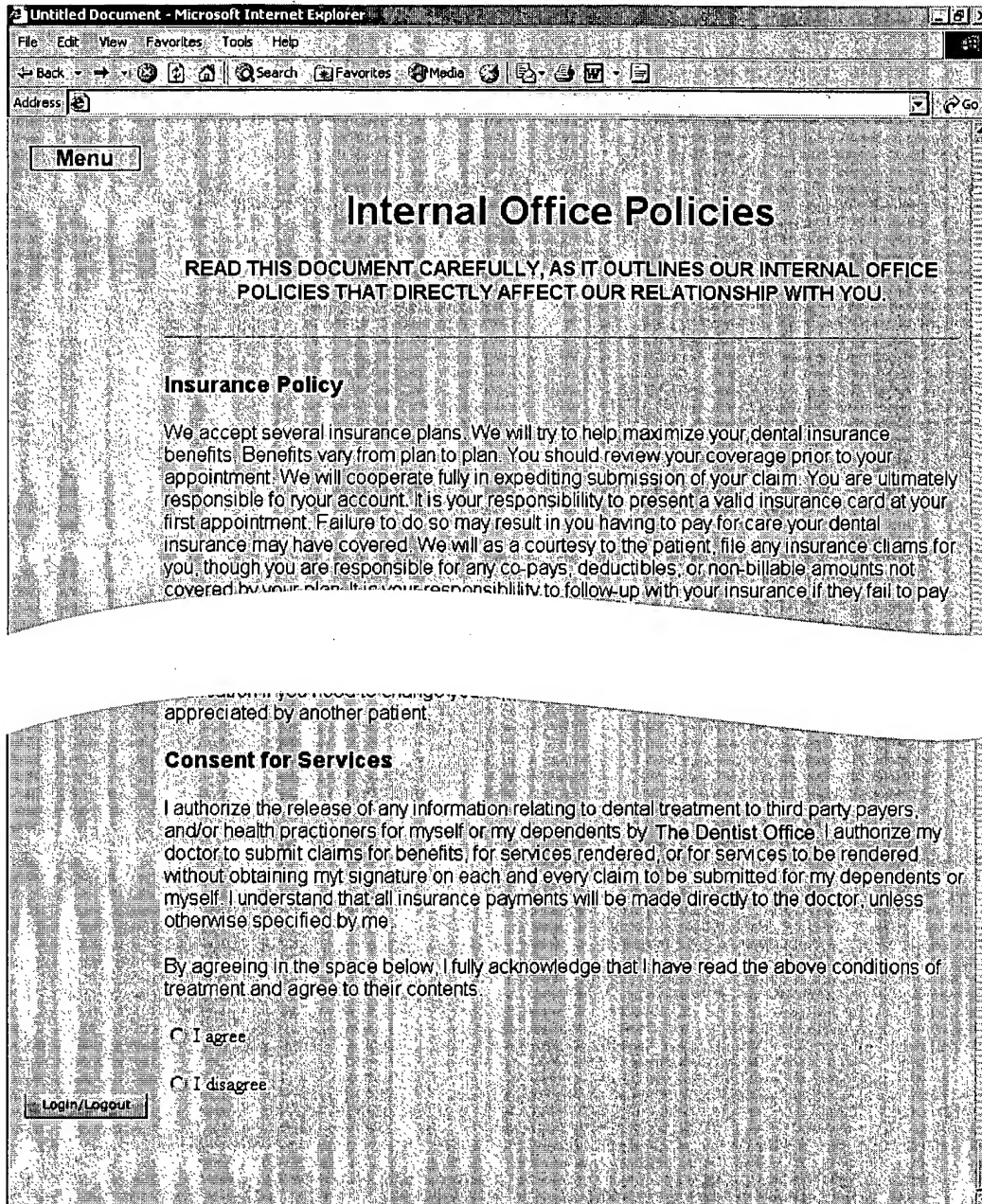


FIG. 22.